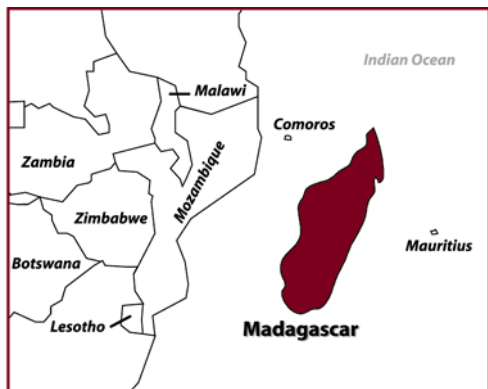


Health and Family Planning Overview

MADAGASCAR



Population:	16.5 million (BUCEN 2002)
Infant Mortality Rate:	96.3 (DHS 1997)
DPT3 Coverage:	48.4%, children 12–23 mos. (DHS 1997)
Nutrition:	48% stunting, children 0–59 mos. (DHS 1997)
Total Fertility Rate:	5.97 (DHS 1997)
Maternal Mortality Ratio:	488 (DHS 1997)
Contraceptive Prevalence Rate	12.7%, women in union, modern methods (MICS 2000)
Adult HIV Prevalence:	< 1% (Sentinel surveillance sites 2000), 0.3% (UNAIDS 2001)
Current Living AIDS Orphans:	6,300 (UNAIDS 2001)
Demographic and Health Surveys:	1992, 1997
Multi-Indicator Cluster Surveys:	2000

Country Profile

Despite Madagascar's recent encouraging macroeconomic picture, political disputes underscore the fragility of the country's democracy and potential for social and economic development. While gross domestic product grew at a faster rate than the population for the past three years, extreme poverty plagues the country. Nearly 50 percent of young children are stunted from malnutrition. Low immunization rates contribute to high mortality from vaccine-preventable diseases, and the country has high rates of sexually transmitted infections (STIs). In addition, Madagascar's unique biodiversity (80 percent of local species are found nowhere else on earth) is also threatened.

HIV/AIDS in Madagascar. An emerging HIV epidemic country, Madagascar reported about 1 percent HIV prevalence in 2000. However, the HIV sentinel surveillance system has not been fully functional since 1996, and HIV prevalence is believed to be higher. With one of the highest STI rates in the world, (75 percent of high-risk women have at least one STI, and active syphilis rates are as high as 37 percent), Madagascar is a prime candidate for an explosion of HIV/AIDS. In late 2000, the government dramatically intensified its commitment to HIV/AIDS prevention and established a multisectoral coordinating committee in the prime minister's office. The committee finalized a national AIDS strategy and is developing a national implementation monitoring and evaluation plan.

USAID Strategy

USAID's program in Madagascar responds to the need to balance growth and democratic development with improving the health and welfare of the population on a sustainable basis. The Mission's health objective continues to focus on healthier families, with a program focus on HIV/AIDS prevention and increased demand for and quality of child survival, immunization, and family planning services. Community- and school-based approaches to health and the environment are yielding significant, measurable, people-level results in the face of macroeconomic uncertainties.

Strategic Objective: Smaller, healthier families

Intermediate Results:

- Increased use of services and healthy behaviors at the family level
- Increased community participation leading to improved health and food security
- Increased access to quality health services at the health center level
- Increased capacity to plan and manage programs at the institutional level
- Improved policies, program advocacy, and decision making



Major Program Areas

HIV/AIDS. Key components of the USAID/Madagascar program include increasing demand for and access to condoms and improving the quality of STI services through social marketing, behavior change interventions, and STI management. The condom social marketing program promotes condom use, fewer partners, and safe sex through a network of private physicians and a broad range of innovative activities, including mobile video units, radio, and events with popular public figures. These activities are aimed at sex workers, youth, and mobile men with money. Targeted behavior change interventions are geographically focused. Peer educators and outreach workers use materials to facilitate interpersonal communication, such as the innovative youth health passport that encourages safe sex and health-seeking behaviors. Strategies for improved STI management include the development of national protocols for syndromic management and USAID-funded operations research to improve screening for high-risk women. Based on the operations research findings, the Ministry of Health adopted national guidelines for improved management of STIs among women. Private and public sector agencies have designed a prepackaged STI treatment kit for men that will be launched in mid-2002.

Health and Family Planning. The Mission's activities address high child morbidity and mortality from vaccine-preventable diseases and malnutrition. The approach focuses on community mobilization and improved supervision and surveillance. Strategies include intensive community-based education and services, "champion community" recognition, an innovative child-to-child school health program, and nationwide implementation of the Integrated Management of Childhood Illness (IMCI) strategy. The Mission aims to improve food security through increased rice production, improved farming techniques, breastfeeding, proper weaning, and maternal nutrition. In addition, Title II resources have been integrated with child survival and other funding to alleviate routine and disaster-induced food insecurity in both rural and urban settings. The family planning focus is on increasing contraceptive prevalence and quality of services through both the public and private sectors. The Mission is supporting a low-cost, four-method rapid family planning training course that has significantly expanded access to services. An innovative initiative linking nongovernmental organizations working in health, population, and the environment is expanding health and family planning services in the country's vulnerable biodiverse regions. This integrated community-based approach is already demonstrating promising results in increased vaccination and contraceptive use and improved agriculture and environmental practices.

Results

- As part of the HIV/AIDS prevention strategy, social marketing condom sales grew from 1.1 million in 1996 to more than 6 million in 2001.
- Nationally, the number of public sector sites offering reproductive health and family planning services increased from less than 150 in 1992 to more than 1,145 in 2001.
- The contraceptive prevalence rate reached 12.7 percent nationwide. In USAID focus areas, it ranges from 15 to 23 percent.
- Exclusive breastfeeding of infants up to 6 months of age increased from 46 to 83 percent in target groups.
- Complete immunization rates in target areas reached 87 percent, compared to 44 percent nationwide.
- IMCI and the Essential Nutrition Actions approach were integrated into curricula of two medical schools and six nursing schools. A network of 2,000 private physicians has been trained as family planning providers.

Major Implementing Partners

USAID/Madagascar's partners in implementing population, health, and nutrition activities include Population Services International, Linkages, Family Health International, MOST, FANTA, the Environmental Health Project, CARE, Catholic Relief Services, Adventist Development & Relief Agency, the Peace Corps, and John Snow, Inc.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

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